

Fiona Poland

Reframing policies to draw on new evidence to support older peoples' lives today

It is a key to the mission of *Quality in Ageing and Older Adults* that older people and those who work with and care for them should have equitable and appropriate access to the relevant knowledge and innovation that meets their needs even when their circumstances and means of support change as radically as we have seen in 2020. We need to act together, able to readily access the best information to enable the best collaborations to work together.

It is highly appropriate for this issue, therefore, that we are able to offer Holly Crossen-White's scoping review of how social innovations can be applied for older people to inform future policies. While huge expectations are placed on the capacity of social innovation to provide solutions to today's pressing problems in care for older people, Crossen-White finds that the concept of social innovation is still not well-enough defined, but the idea is nonetheless stimulating further novel policy responses. Her findings also reflect the considerable upsurge in agreement between many older peoples' groups, local communities and researchers in the field that social innovation cannot deliver solutions without policymakers involving all of these groups in developing age-friendly strategies which can be sustainable. Promoting active ageing or service improvements in isolation are unlikely to provide the holistic changes needed.

The current effects of failures of societies to build holistic systems of care for older people is examined by Iparraguirre in studying the effects of dwindling public spending in England on adult social care and the resulting delay in transferring peoples' care from hospitals. This paper examines links between current public expenditure on adult social care services and factors associated with delays in transfer of care in the context of evidence that delays in transfer can increase health problems and of policy discussions that often attribute such delays to inefficiencies in the social care system. The findings actually suggest that the decreasing amounts spent on social care services for each individual rather than their organisation increase days delay in transfer. But more evidence is also needed about what other institutional factors or what may play their part, including those that affect the supply of informal carers.

While many technological innovations for older people particularly those living with dementia are being produced to target emotional and cognitive functioning, there has been much less attention given to the quality of peoples' relationships. The semi-structured interview study by Bielsten *et al.* has explored the experience of 12 Swedish couples where one partner has dementia, using the DemPower app to self-manage the activities they may choose to continue to do in their everyday lives together. These include considering their neighbourhood interactions and their communication with each other as a couple. This found that they placed the particular value on resources that foster a salutogenic approach which helped them in turn to feel empowered, satisfied with their achievements and supported in their everyday life, again underlining the need for resources to be available which they see as relevant to sustaining older peoples' everyday lives.

Using research to understand and share experiences of managing difficult situations is increasingly vital, as many people living in the community may need to seek support and find out how to do so, especially during crises which, in the case of people living with dementia

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may call for special understanding, and especially in these pandemic-hit times. A longitudinal case study design and community-based participatory approach including co-researchers (carer and a person with dementia) was used to guide the narrative inquiry reported by Bosco *et al.* This investigated ways people with dementia and their family carers coped with episodes of mental health crisis and what might affect how likely they were to seek help from teams set up to help manage crises in dementia. The findings highlighted the need to develop psychosocial interventions to help people with dementia and their carers to strengthen their coping strategies to enable them to seek help earlier so as to pre-empt worsening crises.

Knowing how to plan for the right mix of service provision to meet the complex needs of people with dementia within their local circumstances is a challenge addressed by the comprehensive study carried out by Hughes *et al.* They tested hypotheses about variations in health and social care arrangements for people with dementia and their extent comparing localities. They were able to draw on primary data provided by 122 local authorities in England and 51 NHS trusts, to develop a framework to assess the identified and measured characteristics but not the costs or direction of development of services across geographical areas. As the effects of the COVID-19 pandemic continue, the authors argue the particular usefulness of the framework for helping maintain “a focus on the provision of services for older people with dementia and their carers as a priority”.

The articles in this issue each in their own way may help us to work together to maintain a focus on the specifics of what it means to support quality in the lives of older peoples and their carers, staying connected with places and people they care for and care about.

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